

# Water Compliance Inspection Report

## Section A: National Data System Coding (i.e., PCS)

[illegible]

## Section B: Facility Data

<b>Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number)</b> <b>Van Dyks Holstein, LLC</b> <b>1414 Van Dyk Road</b> <b>Lynden, Washington 98264</b>	<b>Entry Time/Date</b> <b>06/22/16 1:30 pm</b>	<b>Permit Effective Date</b> <b>Unpermitted</b>
	<b>Exit Time/Date</b> <b>06/22/16 3:40 pm</b>	<b>Permit Expiration Date</b> <b>Unpermitted</b>
<b>Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s)</b> <b>Grant Van Dyk and Susan Van Dyk, Owner, 360-354-3601</b> <b>Landon Van Dyk, Operator, 360-410-7336, (b) (6)</b>	<b>Other Facility Data (e.g., SIC NAICS, and other descriptive information)</b> <b>SIC: 0241</b> <b>NAICS: 112111</b>  <b>Latitude: 48.913517</b> <b>Longitude: -122.413089</b>	
<b>Name, Address of Responsible Official/Title/Phone and Fax Number</b> <b>Landon Van Dyk, Operator, 360-410-7336</b> <b>1414 Van Dyk Road</b> <b>Lynden, Washington 98264</b>	<b>Contacted</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

## Section C: Areas Evaluated During Inspection (Check only those areas evaluated)



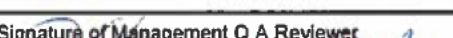
<input type="checkbox"/> Permit	<input type="checkbox"/> Self-Monitoring Program	<input type="checkbox"/> Pretreatment	<input type="checkbox"/> MS4
<input type="checkbox"/> Records/Reports	<input type="checkbox"/> Compliance Schedules	<input type="checkbox"/> Pollution Prevention	
<input checked="" type="checkbox"/> Facility Site Review	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Storm Water	
<input checked="" type="checkbox"/> Effluent/Receiving Waters	<input type="checkbox"/> Operations & Maintenance	<input type="checkbox"/> Combined Sewer Overflow	
<input type="checkbox"/> Flow Measurement	<input type="checkbox"/> Sludge Handling/Disposal	<input type="checkbox"/> Sanitary Sewer Overflow	

## Section D: Summary of Findings/Comments

*(Attach additional sheets of narrative and checklists, including Single Event Violation codes, as necessary)*

SEV Codes	SEV Description
● ● ● ● ● ● ● ● ● ●	_____
● ● ● ● ● ● ● ● ● ●	_____
● ● ● ● ● ● ● ● ● ●	_____
● ● ● ● ● ● ● ● ● ●	_____

See Attached Report

Name(s) and Signature(s) of Inspector(s) Sandra Brozusky 	Agency/Office/Phone and Fax Numbers EPA/OCE/206-553-5317	Date 07/06/16
Joseph Roberto 	EPA/OCE/206-553-1669	
Signature of Management Q A Reviewer 	Agency/Office/Phone and Fax Numbers EPA/OCE/MORE 3-0955	Date 7/27/16

16  
Kroger JGE  
11/16.

## INSTRUCTIONS

### Section A: National Data System Coding (i.e., PCS)

**Column 1: Transaction Code:** Use N, C, or D for New, Change, or Delete. All inspections will be new unless there is an error in the data entered.

**Columns 3-11: NPDES Permit No.** Enter the facility's NPDES permit number - third character in permit number indicates permit type for U=unpermitted, G=general permit, etc.. (Use the Remarks columns to record the State permit number, if necessary.)

**Columns 12-17: Inspection Date.** Insert the date entry was made into the facility. Use the year/month/day format (e.g., 04/10/01 = October 01, 2004).

**Column 18: Inspection Type\*.** Use one of the codes listed below to describe the type of inspection:

A Performance Audit	U IU Inspection with Pretreatment Audit	I Pretreatment Compliance (Oversight)
B Compliance Biomonitoring	X Toxics Inspection	@ Follow-up (enforcement)
C Compliance Evaluation (non-sampling)	Z Sludge - Biosolids	{ Storm Water-Construction-Sampling
D Diagnostic	# Combined Sewer Overflow-Sampling	} Storm Water-Construction-Non-Sampling
F Pretreatment (Follow-up)	\$ Combined Sewer Overflow-Non-Sampling	: Storm Water-Non-Construction-Sampling
G Pretreatment (Audit)	+ Sanitary Sewer Overflow-Sampling	~ Storm Water-Non-Construction-Non-Sampling
I Industrial User (IU) Inspection	& Sanitary Sewer Overflow-Non-Sampling	< Storm Water-MS4-Sampling
J Complaints	\ CAFO-Sampling	- Storm Water-MS4-Non-Sampling
M Multimedia	= CAFO-Non-Sampling	> Storm Water-MS4-Audit
N Spill	2 IU Sampling Inspection	
O Compliance Evaluation (Oversight)	3 IU Non-Sampling Inspection	
P Pretreatment Compliance Inspection	4 IU Toxics Inspection	
R Reconnaissance	5 IU Sampling Inspection with Pretreatment	
S Compliance Sampling	6 IU Non-Sampling Inspection with Pretreatment	
	7 IU Toxics with Pretreatment	

**Column 19: Inspector Code.** Use one of the codes listed below to describe the lead agency in the inspection.

A — State (Contractor)	O — Other Inspectors, Federal/EPA (Specify in Remarks columns)
B — EPA (Contractor)	P — Other Inspectors, State (Specify in Remarks columns)
E — Corps of Engineers	R — EPA Regional Inspector
J — Joint EPA/State Inspectors—EPA Lead	S — State Inspector
L — Local Health Department (State)	T — Joint State/EPA Inspectors—State lead
N — NEIC Inspectors	

**Column 20: Facility Type.** Use one of the codes below to describe the facility.

- 1 — Municipal. Publicly Owned Treatment Works (POTWs) with 1987 Standard Industrial Code (SIC) 4952.
- 2 — Industrial. Other than municipal, agricultural, and Federal facilities.
- 3 — Agricultural. Facilities classified with 1987 SIC 0111 to 0971.
- 4 — Federal. Facilities identified as Federal by the EPA Regional Office.
- 5 — Oil & Gas. Facilities classified with 1987 SIC 1311 to 1389.

**Columns 21-66: Remarks.** These columns are reserved for remarks at the discretion of the Region.

**Columns 67-69: Inspection Work Days.** Estimate the total work effort (to the nearest 0.1 work day), up to 99.9 days, that were used to complete the inspection and submit a QA reviewed report of findings. This estimate includes the accumulative effort of all participating inspectors; any effort for laboratory analyses, testing, and remote sensing; and the billed payroll time for travel and pre and post inspection preparation. This estimate does not require detailed documentation.

**Column 70: Facility Evaluation Rating.** Use information gathered during the inspection (regardless of inspection type) to evaluate the quality of the facility self-monitoring program. Grade the program using a scale of 1 to 5 with a score of 5 being used for very reliable self-monitoring programs, 3 being satisfactory, and 1 being used for very unreliable programs.

**Column 71: Biomonitoring Information.** Enter D for static testing. Enter F for flow through testing. Enter N for no biomonitoring.

**Column 72: Quality Assurance Data Inspection.** Enter Q if the inspection was conducted as followup on quality assurance sample results. Enter N otherwise.

**Columns 73-80:** These columns are reserved for regionally defined information.

### Section B: Facility Data

This section is self-explanatory except for "Other Facility Data," which may include new information not in the permit or PCS (e.g., new outfalls, names of receiving waters, new ownership, other updates to the record, SIC/NAICS Codes, Latitude/Longitude).

### Section C: Areas Evaluated During Inspection

Check only those areas evaluated by marking the appropriate box. Use Section D and additional sheets as necessary. Support the findings, as necessary, in a brief narrative report. Use the headings given on the report form (e.g., Permit, Records/Reports) when discussing the areas evaluated during the inspection.

### Section D: Summary of Findings/Comments

Briefly summarize the inspection findings. This summary should abstract the pertinent inspection findings, not replace the narrative report. Reference a list of attachments, such as completed checklists taken from the NPDES Compliance Inspection Manuals and pretreatment guidance documents, including effluent data when sampling has been done. Use extra sheets as necessary.

\*Footnote: In addition to the inspection types listed above under column 18, a state may continue to use the following wet weather and CAFO inspection types until the state is brought into ICIS-NPDES: K: CAFO, V: SSO, Y: CSO, W: Storm Water 9: MS4. States may also use the new wet weather, CAFO and MS4 Inspections types shown in column 18 of this form. The EPA regions are required to use the new wet weather, CAFO, and MS4 inspection types for inspections with an inspection date (DTIN) on or after July 1, 2005.

**PURPOSE OF INSPECTION**

Determination of compliance with the facility's permit under the National Pollutant Discharge Elimination System (NPDES) program and the Clean Water Act

**TYPE OF CAFO INSPECTION****UNANNOUNCED**

ANNOUNCED

COMPLAINT

REFERRAL

OTHER

DATE OF INSPECTION: 6/22/16INSPECTION ARRIVAL TIME: 1:30 PM INSPECTION DEPARTURE TIME: 3:40PM

INSPECTOR NAME(S) and AFFILIATION(S):

Sandra Brozusky (EPA) and Joe Roberto (EPA)

NAME OF PERSON(S) CREDENTIALS WERE PRESENTED TO:

Landon Van Dyk (Son of Grant Van Dyk and Operator)**FACILITY NAME:** Van Dyks Holstein, LLCFacility Address: 1414 Van Dyk RoadCity: Lynden County: \_\_\_\_\_State: WA Zip Code: 98264Facility Phone Number: (360)410-7336 Fax Number: ( )**OWNERS NAME:** Van Dyks Holstein, LLC (Grant Van Dyk and Susan Van Dyk are the primary officers)Owners Address: 1415 Van Dyk RoadMailing Address: 1415 Van Dyk RoadCity Lynden County: \_\_\_\_\_State: WA Zip Code: \_\_\_\_\_Owners Phone Number: (360)410-7336 Fax Number: ( )**OPERATORS NAME:** Landon Van DykOperators Address: Same as Owner

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Operators Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Email: landon@vandyks.comTYPE OF FACILITY Dairy Operation Heifer Operation Feedlot Operation OtherHow long has this operation been in existence? 1909What is the name of the nearest surface water? (river, creek, stream, canal) Scott DitchHow far away is the facility from the surface water? According to Google Earth Pro, Scott Ditch is approximately 880 feet north of the facility.**FACILITY SIZE**What is the total acreage of the facility? Approximately 700 acresSpreadable acreage (on facility): Approximately 650 acres. Of those about 100 acres are leased**ANIMALS ON FACILITY**

Total number of animals:

Milkers ~690  
Heifers \_\_\_\_\_  
Calves ~105Chickens \_\_\_\_\_  
Beef cattle \_\_\_\_\_  
Other ~60 dry cowsAre animals kept in confinement areas year round? YES NOHow many days per year are animals confined? 365  
(CAFO definition: 45 days or more in 12 month period)**PERMIT**Does this facility have a permit? YES NO Permit Number: N/A**NUTRIENT MANAGEMENT PLAN**Does the facility have a Nutrient Management Plan? YES NOWhen was the Nutrient Management Plan created? 2002When was the Nutrient Management Plan last updated? 2011

**FACILITY DISCHARGE**

Has the facility ever had any discharges? YES NO If yes, how many? \_\_\_\_\_

Did you notify anyone? YES NO

Who did you notify? \_\_\_\_\_

When did the discharges occur? \_\_\_\_\_

Did the facility monitor the discharge? YES NO

**STORAGE LAGOON**

How many lagoons do you have? Three

What is the size each storage lagoon? (1) - 750,000 gallons; (2) - 3 million gallons each

Is/are the lagoon(s) lined? All are clay lined

How many days of waste storage capacity does the facility have? 6 months at a minimum

Who designed your waste storage lagoon(s)? NRCS

Does the facility have or use a solid separator? YES NO

Where and when did you last land apply? May 31, 2016

**WALK-THROUGH INSPECTION OBSERVATIONS:****CONFINEMENT AREAS**

Do animals have direct access with surface water? YES NO

Is there any vegetation in the confinement areas? YES NO Percent with vegetation? 0%

**ANIMAL DISPOSAL**

How does the facility dispose of dead animals?

The facility composts mortalities onsite.

**WASTE DISCHARGES OBSERVED**

Were any waste discharges observed during the walk through inspection? YES NO How many? \_\_\_\_\_

Did you see any signs of previous areas where waste discharges may have occurred? YES **NO**

Are discharges entering or connected to surface waters of the US? YES **NO**

**AREAS OF CONCERN:** (e.g., full waste storage ponds, berms, direct access, etc.)

No areas of concern were identified at the time of inspection.

**CLOSING CONFERENCE:**

We thanked Mr. Van Dyk for his time and cooperation for the inspection. We departed the facility at approximately 3:40 PM.

**PHOTOGRAPH LOG:**

Van Dyks Holstein, LLC (All photograph were taken by Joe Roberto on 6/22/16):



Photo #1: Easterly view of lagoon 1 at the Van Dyk Holsteins facility. Camera photograph #SAM2481.





Photo #2: Westerly view of lagoon 1 at the Van Dyk Holsteins facility. Camera photograph #SAM2482.



Photo #3: Easterly view of lagoon 2 at the Van Dyk Holsteins facility. Camera photograph #SAM2483.

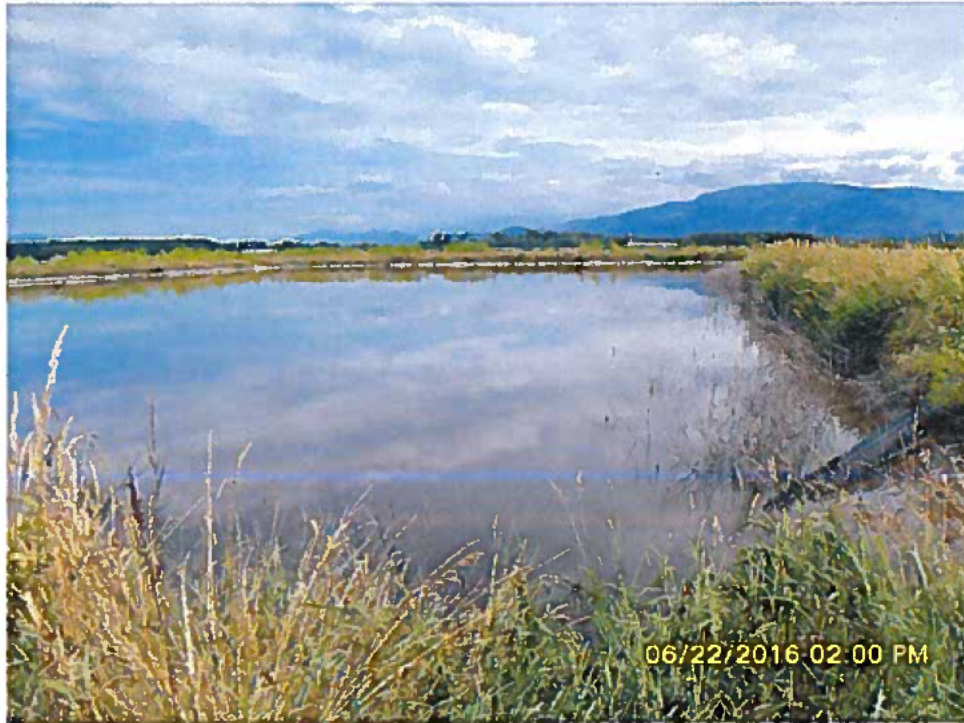


Photo #4: Easterly view of lagoon 3 at the Van Dyk Holsteins facility. Camera photograph #SAM2484.



Photo #5: View inside one of the confinement areas at the main facility. Camera photograph #SAM2485.





Photo #6: Westerly view of Scott Ditch located north of the main facility. Camera photograph #SAM2486.



Photo #7: Easterly view of Scott Ditch located north of the main facility. Camera photograph #SAM2487.

Report Completion Date:

Lead Inspector Signature:

7/25/16  
Jeanne Brownley